



THE REPORT

VOLUME 2008 ISSUE 3 FALL 2008

Obstetric Ultrasound

by Julia Bouchard, MD

Committee on Professional Discipline

In October 2007, the American Institute of Ultrasound in Medicine (AIUM) published Practice Guideline for the Performance of Obstetric Ultrasound Examinations. The guideline was published in conjunction with the American College of Radiology (ACR) and the American College of Obstetricians and Gynecologists (ACOG). The guidelines reflect the minimum criteria for each type of obstetric ultrasound examination. Each of the above organizations has recommendations for personnel qualifications, documentation and quality control. While these guidelines in no way define the standard of care, they can be useful to those physicians providing and/or interpreting obstetric ultrasounds.

Over the past two decades, ultrasound has become an integral part of obstetric care. Many Ob/Gyn residency programs incorporate performance and interpretation of obstetric and gynecologic ultrasound studies. Close to 70% of pregnant women in the United States have at least one ultrasound during their pregnancy. Many have more than one.

First trimester ultrasound studies are the most accurate for dating. Accurate dating makes the evaluation of fetal growth more precise and allows for lower risk scheduling of repeat cesarean sections and for safer inductions. Also, as a result of these studies, there is a decrease in post-dates pregnancies that may result in stillbirth or a dysmature fetus. Besides accurate dating, first trimester ultrasounds are useful in evaluating bleeding, possible ectopic pregnancies, early fetal loss, molar pregnancy and the diagnosis of multiple gestations.

The majority of pregnant women who undergo second trimester ultrasound do so to confirm dating, to evaluate cervical length and to evaluate fetal number, fetal anatomy and placental location.

In the third trimester, ultrasounds are used to verify fetal presentation and to evaluate fetal growth and amniotic fluid level.

Obstetric ultrasounds are performed in a variety of settings. These include Ob/Gyn offices, Family Practice offices, Maternal Fetal Medicine offices, hospitals and radiology centers.

There are four classifications of fetal sonographic examinations:

1. **First Trimester** This scan can be performed either transabdominally or transvaginally. The exam should include evaluation of the uterus, cervix and adnexa. The gestational sac evaluation includes presence or absence of yolk sac and embryonic cardiac activity. Measurements may include mean gestational sac diameter and crown rump length. The exam should also include fetal number, amnionicity and chorionicity if a multiple gestation is present. If possible, the nuchal region should be accessed. Nuchal Translucency measurements can be combined with serum markers as part of a First Trimester Genetic Screening program.

(Continued on next page)

NOTICE This newsletter is the only information newsletter published by the Idaho Board of Medicine and serves as the Board's notification of rule changes, policy information, and discipline information provided to all licensees of the Idaho Board of Medicine.

(Obstetric Ultrasound cont.)

2. Second and Third Trimester Standard Fetal Examination This exam includes evaluation of fetal number, cardiac activity and presentation. Very specific parameters for fetal measurements are identified. Amniotic fluid, placenta and maternal anatomy including uterus, adnexa and cervix are surveyed. Finally a fetal survey is performed.

The criteria for a minimum fetal survey are clearly identified in this guideline which is endorsed by ACOG and ACR. A permanent record (image) of both normal and abnormal images should be retained. An interpretation of the exam should be included in the patients file.

3. Limited Examination This exam investigates a specific question such as to confirm fetal cardiac activity, to verify presentation or to follow growth. These exams are usually only appropriate when a prior complete standard examination is on the record.

4. Specialized Examinations These scans are usually performed by a Maternal Fetal Medicine specialist and are done when an anomaly is suspected because of a abnormal standard exam, abnormal biochemical markers or patient history. Specialized exams may include fetal Doppler sonography, fetal echocardiology and a more detailed anatomic exam. This target exam may evaluate so called soft markers which may be associated with fetal abnormalities.

Ultrasound is a useful and integral part of obstetric care and is safe for both the fetus and mother. This guideline helps standardize exams and reporting which will help providers communicate with one another and improve patient care.

Thanks to those of you who responded to the article "Board Membership Anyone?". The professional associations reported an increased number of calls wishing to volunteer for service on our boards and committees. Thanks to all who responded. We look forward to working with you.

The Board Welcomes New Members

Susan Almeida, PA to a second term on the Physician Assistant Advisory Committee

BOARD ACTIONS

BOARD ACTIONS

PLEASE NOTE

Some physicians have similar names, please verify information by license number on our web site at: www.bom.state.id.us

April May, PA

PA-255 Washington

Allegation: failure to comply with Stipulation and Order

Board Action: Stipulation and Order Surrendering License

Jeannine Kissinger, RT

LRT-1349 Hansen, ID

Allegation: Unlicensed practice

Board Action: Suspension, Stipulation and Order

Eugene M. Baldeck, MD

M-2629 Lewiston, ID

Board Action::Order Terminating Stipulation and Order

Mendy Burns, RT

LRT-1348 Buhl, ID

Allegation:Unlicensed practice

Board Action: Suspension, Stipulation and Order

Explanation of terms:

- Stipulation: an agreement, admission, or concession.
- Stipulation and Order: an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- Suspension: temporary withdrawal of authorization to practice.
- Reprimand: a formal admonishment of conduct or practice.
- Revocation: cancellation of the authorization to practice.

Eric P. Hoffman, MD

M-5585 Rupert, ID

Board Action-- Order Terminating Stipulation and Order

Raymond J. Walsh, MD

M-10195 California

Allegation:Failure to comply with Patient Freedom of Information Act

Board Action: Order imposing fine

Michael D. Holden, MD

M-6837 Boise, ID

Allegation: Failure to maintain adequate records

Board Action: Reprimand



ON LINE APPLICATION

The Idaho Board of Medicine is pleased to announce its participation in the ongoing license portability project . Part of the project includes the use of a common state physician application that will be honored by participating states. This common application will allow the ease of one application for multiple states ending some of the redundancy of filling out multiple state application forms.

The application will appear on our website beginning December 2008. Applicant s who use the Federation of State Medical Board (FSMB) credential verification service will be able to use that service to populate the application for them.

Also see the pending rule changes for more information on license portability.



Supervising and Directing Physicians Renewal Period

The Board of Medicine renewal of supervising and directing physicians' licenses is in progress from November to December 31, 2008.

If you supervise physician assistants, athletic trainers, or cosmetic/laser medical personnel you are required to renew your supervising and/or directing physician registration before the expiration date and update information regarding the individuals you supervise.

If you need information or have not received your renewal notice, please contact the Board of Medicine at 208-327-7000.



Allied Health News

The allied health boards continue to see issues with unlicensed practice. If you are responsible for hiring health professionals please insure the appropriate licensure status prior to allowing these professionals to work. The impact of unlicensed practice on the individual is profound. An agency that employs an unlicensed individual may face insurance and repayment issues for unlicensed service besides the ethical and patient safety issues of allowing unlicensed practice.

The Occupational Therapy Association is seeking independence for the Occupational Therapy licensing board and is making plans to move the board under the Bureau of Occupational Licenses.

RULE CHANGES

The Board has pending rule changes to the IDAPA22.01.01 - RULES OF THE BOARD OF MEDICINE FOR LICENSURE TO PRACTICE MEDICINE AND SURGERY AND OSTEOPATHIC SURGERY IN IDAHO. The rule changes provide for expedited, minimal paperwork licensure by endorsement for qualified applicants. The rule change also provides a requirement for service on pre-litigation panels once every two years, similar to a jury duty requirement.

Pending changes to IDAPA 22.01.03 RULES FOR THE LICENSURE OF PHYSICIAN ASSISTANTS include the addition of a criminal background check for initial applicants, clarification of non-refundable application fees and definitions of volunteer license requirements.

The complete text of the rules can viewed by using the link on the Board of Medicine web site at www.bom.state.id.us.

Abortion Requirements

House Bill 559 passed by the legislature in the last session requires:

- (3) (a) The department of health and welfare shall develop and maintain a stable internet website, that may be part of an existing website, to provide the information described in subsection (2) of this section. No information regarding persons using the website shall be collected or maintained. The department of health and welfare shall monitor the website on a weekly basis to prevent and correct tampering.
- (b) As used in this section, "stable internet website" means a website that, to the extent reasonably practicable, is safeguarded from having its content altered other than by the department of health and welfare.
- (c) When a pregnant patient contacts a physician by telephone or visits and inquires about obtaining an abortion, the physician or the physician's agent before or while scheduling an abortion-related appointment must provide the woman with the address of the state-sponsored internet website on which the printed materials described in subsection (2) of this section may be viewed as required in subsection (2) of this section.

The website provided by the Department of Health and Welfare can be found at

Calendar of Board of Medicine Meetings for 2009

March 6, 2009
 June 12, 2009*
 September 11, 2009
 December 4, 2009 **

*Meeting scheduled for Pocatello

** Meeting scheduled for Board Offices

DEPLOYED?

IF YOU ARE DEPLOYED PLEASE PROVIDE A COPY OF YOUR MILITARY ORDERS FOR DEPLOYMENT AND A COPY OF THE ORDERS RETURNING TO THE U.S. OR RELIEVING YOU FROM ACTIVE DUTY WHEN YOU RETURN. UPON RECEIPT OF THE ORDERS THE BOARD WILL MAINTAIN YOUR LICENSE IN ACTIVE, CURRENT STATUS WHILE DEPLOYED AND WAIVE ALL LICENSE FEES FOR UP TO 6 MONTHS AFTER YOUR RETURN.

IDAHO STATE BOARD OF MEDICINE

Stephen R. Marano, MD, Chairman

David McClusky, II, MD, Vice Chairman

Trudy Jackson, Public Member

Leo Harf, MD, Member

Laura McGeorge, MD, Member

Joyce McRoberts, Public Member

Michael G. Melendez, MD, Member

Jerry Russell, Director, Idaho State Police

Ralph Sutherlin, DO, Member

MD Member Vacant

COMMITTEE ON PROFESSIONAL DISCIPLINE

A.C. Jones, III, MD, Chairman

Julia Bouchard, MD, Member

Mike Johnson, Public Member

Bruce Miewald, MD, Member

Wendell Wells, MD, Member

Allied Health Board Meetings

Meetings are held in the Board office unless otherwise noted.

The **Board of Athletic Trainers** meeting to be announced.

The **Dietetic Licensure Board** meeting is scheduled for **March 10, 2009 at 11:00 a.m.**

The **Occupational Therapy Licensure Board** meeting is scheduled for **March 20, 2009 at 9:30 a.m.**

The **Respiratory Therapy Licensure Board** meeting is scheduled for **February 18, 2009 at 9:30 a.m.**

The **Physician Assistant Advisory Committee** meeting is scheduled for **February 20, 2009 at 9:00 a.m.**

Please note if you are submitting a response to a Board inquiry or a completed application, the completed material must be received in the Board office at least 20 days before the scheduled meeting date. Materials not received in that time frame will be added to the next regularly scheduled meeting agenda.

BOARD STAFF

Nancy Kerr, Executive Director

Mary Leonard, Associate Director

Cathleen Morgan, Board Attorney

Beverly Kendrick, Quality Assurance Specialist

Cynthia Michalik, Quality Assurance Specialist

Janet Whelan, Quality Assurance Specialist

Gloria Pedersen, Prelitigation Manager

Darlene Parrott, Compliance Monitor

Terri Solt, Physician Licensing Manager

Jodi Adcock, Allied Health Licensing Manager

Mary McCulley, Finance

Jennifer Winn, PA Licensing

Stephen Tyrer, Investigative Assistant

Robie Harano, Receptionist—Prelitigation

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VISIT OUR WEB SITE AT
www.bom.state.id.us

FAIR AND IMPARTIAL APPLICATION AND
ENFORCEMENT OF THE PRACTICE ACTS

CHANGE OF ADDRESS EACH YEAR OF NUMBER OF LICENSE RENEWAL APPLICATIONS GO ASTRAY BECAUSE THE ADDRESS ON FILE WITH THE BOARD IS INCORRECT. AS A RESULT, LICENSES PEOPLE WISH TO MAINTAIN ARE CANCELLED AND HAVE TO BE REINSTATED. PLEASE COMPLETE AND RETURN THIS FORM IF YOUR ADDRESS CHANGES.

ID License No. _____

Name _____
(LAST) (FIRST) (MIDDLE INITIAL)

Former Address: _____
(STREET)

(CITY) (STATE) (ZIP)

New Address: _____
(STREET)

(CITY) (STATE) (ZIP)

Phone (_____) _____ Date change becomes effective: _____